

Board of Chiropractic Examiners

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Consumer Complaint Hotline (866) 543-1311

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Application for Duplicate License

Complete this form and submit it to the Board at the above address with the \$25.00 processing fee. If you are requesting a name change, your original wall certificate must accompany this form along with legal documents verifying the name change. If you are requesting a duplicate license, due to an address change, please return your old licenses with this form.

Please print or type

Name as it appears on current license: Last			First			Middle		
Address: Number		Street						
City			State			Zip Code		
Home telephone ()			Work telephone ()					
Business Address: Number		Street						
City			State			Zip Code		
License number: DC-								

DUPLICATE LICENSE

Please check the appropriate box to indicate what happened to your original license:

☐ Lost☐ Stolen☐ Destroyed☐ Change of Address**LEGAL NAME CHANGE**

New name: _____

Reason for name change:

☐ Marriage☐ Divorce☐ Court order**AFFIDAVIT**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true, correct and complete to the best of my knowledge.

Signature of Licensee_____
Date